

EXHIBIT I

Message

From: Osborne, Rob V. (ORL) [/O=EXPRESS-SCRIPTS/OU=CURASCIPT/CN=RECIPIENTS/CN=ROB.OSBORNE]
Sent: 7/14/2014 4:23:47 PM
To: Cast, Kevin G. (ORL) [kevin.cast@curascript.com]
Subject: questcor
Attachments: Acthar Final 5-2-07.doc; ATT58648; ATT25915



Acthar Final
5-2-07.doc

I will keep looking.

Rob Osborne

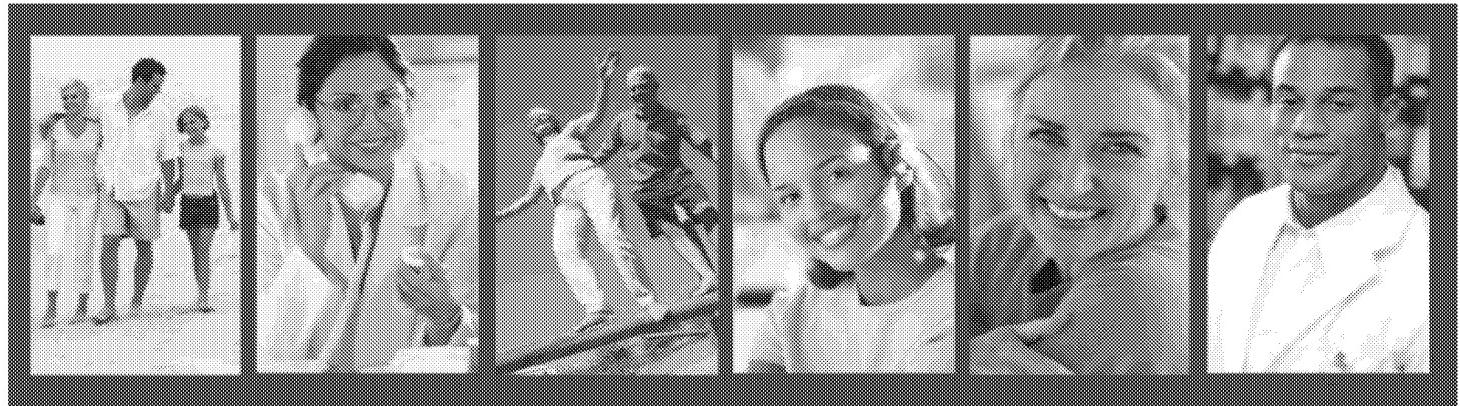
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Specialty Services for H.P. Acthar® Gel

Presented to Questcor Pharmaceuticals, Inc.

May, 2007



Executive Summary

CuraScript would like to thank Questcor for the opportunity to propose a Specialty Services business solution for the H.P. Acthar® Gel (Acthar) brand. CuraScript is uniquely qualified to provide a Specialty Program for Questcor based on the following:

- Our position as the leading U.S. provider of services to the Specialty Pharmaceutical Industry
- Proven capability to provide end-to-end, best-in-class services for long term, difficult to administer therapies such as those administered intramuscularly or subcutaneously in an out patient setting
- Comprehensive, best-in-class processes for unique distribution requirements (cold-chain, overnight, etc.)
- Proven success in advocating for our patients to obtain maximum benefit coverage.

Conversion to Closed Distribution

CuraScript, Inc. will implement a program to convert the current open distribution model of Acthar Gel to a tightly controlled model with the goals of 1.) Preserving and increasing the 2007 Acthar Gel Sales Forecast, 2.) Increasing the market awareness of Acthar Gel, and 3.) Increasing the sales and market penetration of Acthar Gel. In return, Questcor will select CuraScript 3PL as their 3PL facility, CuraScript Specialty Distribution as the exclusive specialty distributor (wholesaler), HealthBridge as their Reimbursement HUB, and CuraScript Specialty Pharmacy as their primary specialty pharmacy.

1. **Conversion Design:** CuraScript will work with Questcor to implement a strategy to convert Acthar Gel from an open access distribution model, to a tightly controlled distribution process. Strategic actions steps include:
 - a. CuraScript and Questcor will develop and distribute a letter to all wholesale and retail accounts announcing the conversion to a strictly controlled distribution system. In tight coordination with this announcement, CuraScript and Questcor will develop a Plan of Action to either allow the wholesalers to work off their current inventory and not purchase additional stock, or return all the inventory to Questcor and in turn, CuraScript 3PL and CuraScript Specialty Distribution will begin to stock its warehouse in Grove City, Ohio (Columbus). The product in the channel must have viable shelf life. Potentially, product with less than 6 months of shelf life must be returned by the wholesalers for direct credit from Questcor. Inventory currently

- housed at the retail setting will be allowed to be consumed over a period of 3 months to eliminate returns.
- b. CuraScript and Questcor will promote this conversion to all Institutions, wholesalers, specialty pharmacies, payors and the entire Acthar Gel physician community.
2. **Sales Guarantee:** CuraScript and Questcor will work together to purchase and smooth the balance of the expected Acthar Gel sales volume over an agreed upon time increment. This will eliminate the exposure of consuming the product in the wholesaler pipeline and will assure that Questcor's sales objectives are achieved each quarter.
 3. **Conversion Period:** CuraScript and Questcor will share responsibilities for managing the conversion program at the Institutions, wholesalers, specialty pharmacies, payors, and the entire Acthar Gel physician community.
 4. **Training for Questcor:** CuraScript will in-service the appropriate individuals at Questcor on this conversion model and the benefits of this channel strategy. This will be an ongoing process and be communicated as often as needed.
 5. **CuraScript Specialty Distributor (Wholesale) Model:** Due to the nature of this disease states, CuraScript Specialty Distribution (Wholesale) will be employed to facilitate the purchase of Acthar Gel by Institutions, other specialty pharmacies in the network or other entities as mandated by the Payors. This will be an exclusive specialty distribution (Wholesale) model. The physical site is located in Grove City, Ohio and a backup site in Sparks, Nevada. Each facility is fully operational and able to handle this program as we currently generate approximately \$1.8B in revenue from these sites.

6. Immediate Budgetary Impact:

1. Eliminate Wholesale carrying costs, Inventory Management Agreements, and Core Distribution Agreements
2. Meet 2007 Sales Objectives
3. Assure a focused sales and marketing initiative to increase market penetration
4. Increased patient compliance
5. Secure detailed data reporting including:
 - a. See standard data fields in attached document

Proposed Program

As depicted in the diagram below, CuraScript is uniquely positioned to provide a "one stop shop" for Questcor to meet the Acthar brand's unique requirements:

[EMBED Visio.Drawing.11]

The HealthBridge Advantage: Reimbursement HUB; Braintree, MA (Boston)

As patient access programs evolve and become more standardized, we realize that the only way to truly distinguish our pharmaceutical partners is through operational and managerial excellence, and industry-leading thought leadership.

HealthBridge recommends utilizing the following service types for the Acthar brand, including:

- Call Center Management
- Intake/Enrollment
- Benefits Investigation
- Prior Authorizations
- Specialty Pharmacy Triage
- Billing and Coding

Additionally, CuraScript would provide:

- Bi-weekly program status conference calls
- Quarterly business reviews
- Reporting
- Proactive Field Communications

Overall Operational and Managerial Excellence

With over eighteen (18) years of experience in the management of patient access programs, HealthBridge remains the premier and most experienced provider of end-to-end services in the industry. From reimbursement services to program enrollment to order fulfillment and inventory management, we manage all aspects of even the most complex patient assistance programs with one integrated staff, under one roof. Today we manage more programs than ever before, and our client satisfaction levels are the very highest they have ever been. We are able to see what works and what does not work in the industry, and bring our experience and lessons learned home to each and every client we serve.

We consistently strive to become more efficient and effective at what we do so the manufacturers, patients, and physicians we serve can have a more positive, meaningful, and fruitful patient assistance experience.

Demonstrated Thought Leadership

We at HealthBridge pride ourselves on our strategic leadership within the industry. Our thought leadership manifests itself in a variety of ways, including:

- **Strategic Business Reviews.** Each of our clients enjoy a quarterly business review, the intent of which is to evaluate the program by reviewing the previous quarter's results.

Members of both Questcor and HealthBridge will attend these reviews to identify opportunities and action plans for program improvement.

The quarterly meetings provide a comprehensive program analysis that includes program health, actual versus projected volumes, customer satisfaction, issue resolution history, a discussion of open issues (if any) and strategic "brainstorming."

Perhaps the most beneficial aspect of these reviews is the industry benchmarking performed for each program. As the manager of programs for approximately 40 pharmaceutical clients, HealthBridge continues to enable our customers to maintain industry leading positions by analyzing current market standards and drivers. We work closely with our clients to proactively address current and future standards and drivers to ensure continued program success.

For example, HealthBridge recently performed a benchmark analysis for a customer regarding shipping costs using their current preferred carrier. It was determined that changing carriers would continue to provide exceptional service and maintain product integrity while saving the manufacturer over three million dollars annually in carrier fees.

Hotline Management

HealthBridge proposes utilizing a toll-free hotline for the Acthar program. This can be transitioned from the current vendor. This hotline will be the entry point for all Acthar related activities, including referrals. The hotline will be staffed Monday through Friday from 8:30 a.m. to 8:00 p.m. Eastern Time with the exception of the following HealthBridge-observed holidays:

- New Year's Day
- Memorial Day
- Fourth of July
- Labor Day
- Thanksgiving
- Christmas Day

Calls received during normal operating hours will be answered by a Customer Service Representative who will determine the nature of the call and triage the patient to the proper individual or functional area.

Intake/Enrollment

HealthBridge understands that physicians and patients will contact the Acthar program regarding therapy access. All HealthBridge enrollment processes are tailored to meet the needs of each client and/or therapy. Our system is set up to capture all relevant patient and physician application data. A dedicated data entry staff is trained on each program and its specific business rules

HealthBridge will utilize an Acthar-specific enrollment form to obtain the necessary enrollment and coverage information. Required information may include:

- Patient demographic data
 - Name
 - Age
 - Gender
 - Contact data
 - Social Security Number
 - Etc.
- A copy of the Acthar prescription
- Commercial coverage provider data
 - Name of insurance carrier (medical or prescription)

- Provider contact information
- Group Number
- Policy Number
- Name of Policy Holder (if different from the patient)
- Patient Medical History
 - Diagnosed condition for which Acthar will be utilized
 - Additional diagnosis
 - Current medications
 - Medication Allergies
 - Treatment history
- Verbal Authorizations to conduct the Benefits Investigation and share the data with other involved parties

Benefits Investigation (BI)

For the Acthar Program, HealthBridge will contact payers to ensure that the patient has active coverage and verify the actual coverage. Steps include:

- Placing an outbound call to payers to verify coverage and eligibility for prescribed treatment regimen
- Determining the available benefits for Acthar therapy and administration supplies
- Determining the correct billing and coding
- Identifying the claims submittal procedures
- Documenting the results in our database
- Creating and submitting a summary of benefits for a course of treatment

Should the patient have separate prescription coverage, HealthBridge will perform a BI to investigate the potential for increased coverage and simplified billing through the PBM provider.

In situations where additional services other than a Benefits Investigation (Prior Authorizations, appeals, etc.) are not required, HealthBridge typically obtains coverage data within one (1) business day of patient enrollment; however, individual cases may require a longer time frame for patient benefits verification. Reasons behind a longer verification time include:

- Incomplete information supplied by the patient or physician
- Lack of patient, physician or payer response to inquiries or requests
- **Real-time (e.g. online) adjudication**

HealthBridge's position as a subsidiary of the Specialty Pharmacy provider CuraScript offers Questcor unique advantages over stand-alone reimbursement services providers. HealthBridge will be able to use its relationship with CuraScript to run online test claims for providing rapid initial benefits verification. This is a process stand alone reimbursement services companies are unable to provide. HealthBridge will then be able to provide faster, more accurate initial benefits investigation results and expedite prior authorizations and appeals than is possible when provided by stand alone service providers.

Prior Authorizations

The initial Benefits Investigation will encompass a review of the individual payer's requirements for approving Acthar coverage. Requirements may include, but are not limited to:

- Complete and comprehensive review of Prior Authorization requirements
- Statement of Medical Necessity from the prescriber
- Lab and test results
- Patient health data (age, existing conditions, etc.)

When Prior Authorizations are required, HealthBridge will immediately contact the physician and patient to inform them of the requirement and implement the Prior Authorization process described as follows.

If Prior Authorization is necessary, HealthBridge will manage the Prior Authorization process as allowed by the payer plan. Activities include:

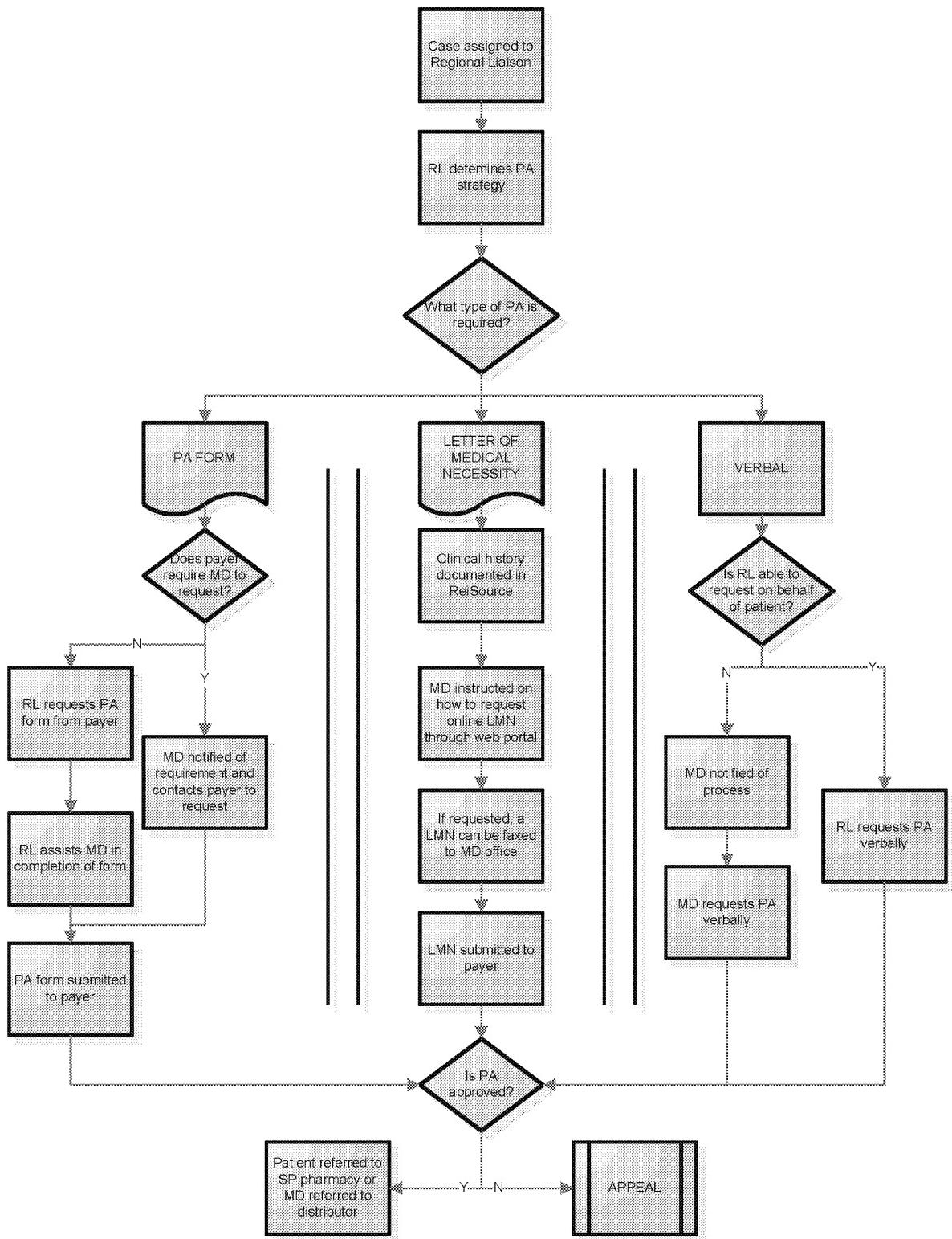
- Contacting the payer to identify the documentation that is needed to render a decision
- Reviewing the patient's file, completing the form and contacting the physician to gather the documentation file
- Gathering medical literature that will strengthen the case for the physician's prescribed course of therapy
- Sending information to physician's office
- Provide the physician with the documents to submit to the insurance company which include, PA form, package insert and FDA approval letter
- Following up with the payer to ensure proper documentation has been received

The need for a Prior Authorization is determined during the initial Benefits Investigation, which is typically complete within one (1) business day of referral receipt. When it has been determined that a Prior Authorization is required, turn around time for Prior Authorizations are based on patient and physician cooperation in obtaining the required data.

Once all of the necessary information is received, the turn around time for compiling the Prior Authorization information and facilitating its delivery to the physician for submission to the payer is two (2) to four (4) business days.

Prior Authorization standards vary from payer to payer. Due to our extensive relationships with payers and our oncology experience, we are familiar with the standards of major payers, and can determine Prior Authorization standards for other payers during the initial Benefits Investigation.

The Prior Authorization process is outlined in the diagram on the following page.



The assigned Reimbursement Specialist will perform a case review to determine the cause of the denial or underpayment. In many cases, denials and underpayments are due to errors in or lack of medical documentation or a Prior Authorization.

If a problem with the initial Prior Authorization submission is found, the Reimbursement Specialist will work with the physician (and patient when necessary) to correct the error(s) or add additional information. The Reimbursement Specialist will assist the physician with collecting necessary clinical data, and submitting the forms for a new Prior Authorization.

Billing and Coding

In many cases, the Reimbursement process is significantly simplified when physicians submit claims utilizing specific billing and coding guidelines. HealthBridge will provide billing and coding assistance to physicians, including:

- Diagnosis guidelines to help ensure therapy coverage
- Medical documentation that may be required to justify the therapy
- Assistance with coding and claims processes, including:
- HCFA-1500 and UB-92 forms
- Pharmacy Universal Claim Forms (when necessary)

HealthBridge will work with Questcor to develop billing and coding guidelines, and will be prepared to address all billing and coding questions. Billing and coding calls are defined as:

- Expanded inquiry calls
 - Answer call
 - Provide further information via fax or mail
- Research
 - Not able to provide resolution without further research
 - Need to return call

If the Customer Service Representative cannot assist the physician with the general billing and coding information, the caller will be warm transferred to a Reimbursement Specialist for assistance.

Pricing

As it relates to pricing contained within this proposal – CuraScript is committed to setting our fees at a reasonable level and expects to earn a reasonable compensation for our services. It is our intent to establish fees that meet both these objectives and, at the same time, are competitive with other companies. If for any reason our fee estimate is significantly different from your expectations, we would appreciate the opportunity to discuss in more detail.

CuraScript is offering Questcor consolidated Set Up pricing for the program. The Set Up Fees for CuraScript 3PL and CuraScript Specialty Distribution are consolidated into a total of \$31,000 for both programs. Separately, CuraScript 3PL would be \$55,000 and CuraScript Specialty Distribution would be \$25,000. In addition, HealthBridge's original set up fees were \$47,000 and this has been reduced to \$23,000.

Please see *Attached Spreadsheet* for pricing of the HealthBridge HUB program based on FTE pricing and transactional based pricing. In addition, CuraScript 3PL Services and CuraScript Specialty Distribution Services are detailed in two more *Attached Spreadsheets*.

CuraScript Specialty Pharmacy Set Up Fee and Data Fee will be determined once Questcor decides on data process and respective data fields requested.